

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10553780  
APPLICANT(S)

FILED DATE

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3		2		1		
4						
5	1		1			
6		1		1		
7		1		1		
8	1		1			
9		1		1		
10		1		1		
11		3		1		
12		3		1		
13	1		1			
14		1		1		
15		2		2		
16		2		2		
17	1		1			
18						
19		3		3		
20		3		3		
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TOTAL IND.		↓	6	↓		↓
TOTAL DEP.	←		25	←		←
TOTAL CLAIMS			28			

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.	←		←		←	
TOTAL CLAIMS						

Best Available Copy